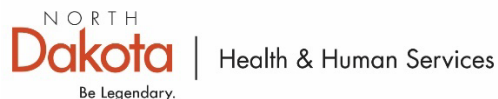


ATTACHMENT D: BUDGET TEMPLATE AND BUDGET JUSTIFICATION



STATEWIDE HEALTH STRATEGIES GRANT BUDGET TEMPLATE EXAMPLE

Itemized Description of Budget Items	Budget Amounts	
Budget Category	State Funds	Match Funds
Personnel: Salary rate (i.e. hourly rate x hours/month x 18 months or % time x # months based on annual salary) for each person		
Fringe Benefits		
Travel, Food, & Lodging (in-state and out-of-state travel)		
Supplies (e.g. purchase of materials, office, educational, etc.)		
Printing / Copying (e.g. average cost per sheet, etc.)		
Communication (phone / internet / postage)		
Equipment (>\$5,000 per item)		
Consultant/Contractual		
Other		
Totals (State Funding will NOT exceed \$200,000.00 per project)		
Total Program/Project Costs (Sum of State Funds plus Match Funds)	\$	

Note: You **MUST** provide, at minimum, a one-dollar match for every one state dollar.

STATEWIDE HEALTH STRATEGIES GRANT BUDGET JUSTIFICATION

For each item listed in the budget, provide a brief description, including:

- 1) Justification for the staff person and/or budget item and describe how the cost relates to the success of your project and
- 2) The source of matching funds.